

<i>SERFF Tracking Number:</i>	<i>PHYS-125866777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40632</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2009 PreStandard Medicare Supplement Rate Increase</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2009 PreStandard Medicare Supplement Rate Increase      SERFF Tr Num: PHYS-125866777      State: ArkansasLH

TOI: MS02I Individual Medicare Supplement - Pre-Standardized      SERFF Status: Closed      State Tr Num: 40632

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized      Co Tr Num:      State Status: Approved-Closed

Filing Type: Rate      Co Status:      Reviewer(s): Stephanie Fowler  
 Authors: Richie Hinman, Debbie Thielen      Disposition Date: 11/04/2008  
 Date Submitted: 10/21/2008      Disposition Status: Approved-Closed

Implementation Date Requested: 04/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 9%	Group Market Type:
Filing Status Changed: 11/04/2008	
State Status Changed: 11/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Rate Increase Filing and Annual Filing of Premium Rates and Loss Ratio Projections for Prestandardized Agent and Direct Response Solicited Policies and Riders	

<i>SERFF Tracking Number:</i>	<i>PHYS-125866777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40632</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2009 PreStandard Medicare Supplement Rate Increase</i>		
<i>Project Name/Number:</i>	<i>/</i>		

This filing is a combination of our annual filing of premium rates and loss ratio projections and our proposed rate revision for 2009. It has been organized into two separate sections.

The first section of this filing meets the reporting requirements as set forth under Section 13 C of the NAIC model regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format closely follows the order of presentation in Section III of the NAIC compliance manual.

The second section of this filing explains our need for a rate revision. This section also follows the order of presentation in Sections III and IV of the NAIC compliance manual.

We look forward to your approval of this filing. If you have any questions or need any additional information, please contact me at (402) 633-5782 or at fax number (402) 930-2732 or at e-mail address [richie.hinman@physiciansmutual.com](mailto:richie.hinman@physiciansmutual.com).

## Company and Contact

### Filing Contact Information

Debbie Thielen, Re-Rating Analyst	<a href="mailto:debbie.thielen@physiciansmutual.com">debbie.thielen@physiciansmutual.com</a>
2600 Dodge Street	(402) 930-2434 [Phone]
Omaha, NE 68131	(402) 930-2732[FAX]

### Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per closed block.

<i>SERFF Tracking Number:</i>	<i>PHYS-125866777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40632</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2009 PreStandard Medicare Supplement Rate Increase</i>		
<i>Project Name/Number:</i>	<i>/</i>		
<b>Per Company:</b>	<b>No</b>		

SERFF Tracking Number: PHYS-125866777 State: Arkansas  
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 40632  
Company Tracking Number:  
TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-  
Standardized Standardized  
Product Name: 2009 PreStandard Medicare Supplement Rate Increase  
Project Name/Number: /

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	10/21/2008	23368892

SERFF Tracking Number:      *PHYS-125866777*      State:      *Arkansas*  
Filing Company:      *Physicians Mutual Insurance Company*      State Tracking Number:      *40632*  
Company Tracking Number:  
TOI:      *MS02I Individual Medicare Supplement - Pre-Standardized*      Sub-TOI:      *MS02I.000 Medicare Supplement - Pre-Standardized*  
Product Name:      *2009 PreStandard Medicare Supplement Rate Increase*  
Project Name/Number:      */*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	11/04/2008	11/04/2008

## Disposition

SERFF Tracking Number: *PHYS-125866777* State: *Arkansas*

Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *40632*

Company Tracking Number:

TOI: *MS02I Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS02I.000 Medicare Supplement - Pre-Standardized*

Product Name: *2009 PreStandard Medicare Supplement Rate Increase*

Project Name/Number: */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Prestandardized Medicare Supplement	Approved-Closed	Yes
	Agency Solicited Policies and Riders		
Rate	Prestandardized Medicare Supplement	Approved-Closed	Yes
	Direct Response Solicited Policies and Riders		

<i>SERFF Tracking Number:</i>	<i>PHYS-125866777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40632</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2009 PreStandard Medicare Supplement Rate Increase</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number: *PHYS-125866777* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *40632*  
 Company Tracking Number:  
 TOI: *MS021 Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre-Standardized*  
 Product Name: *2009 PreStandard Medicare Supplement Rate Increase*  
 Project Name/Number: */*

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Prestandardized Medicare Supplement Agency Solicited Policies and Riders	P115, P192, P197, R161, R162, R179, R180, R190, R193, R194, R200, R201, R202, R203	Revised		AR_2009_Rates_AG.pdf PreCore_AREAS_Agency.pdf
Approved-Closed	Prestandardized Medicare Supplement Direct Response Solicited Policies and Riders	P192, P315, P393/R620, P393/R621, P393/R622, P397/R631, P397/R633	Revised		AR_2009_Rates_DR.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P115  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2008 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$285.87
	UNDERWRITTEN	\$234.31

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
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MEDICARE SUPPLEMENT POLICY

FORM P192  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$285.87

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000 QRTLRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
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MEDICARE SUPPLEMENT POLICY

FORM P197  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2008 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$269.66
	UNDERWRITTEN	\$221.05

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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MEDICARE SUPPLEMENT POLICY

FORM R161  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$55.68

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R162  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$78.15

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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PHYSICIANS MUTUAL INSURANCE COMPANY  
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MEDICARE SUPPLEMENT POLICY

FORM R179  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$103.43

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
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MEDICARE SUPPLEMENT POLICY

FORM R180  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	-\$38.14

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .



PHYSICIANS MUTUAL INSURANCE COMPANY  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R190  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2008 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$52.54
	UNDERWRITTEN	\$43.69

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R193  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2008 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$97.59
	UNDERWRITTEN	\$81.21

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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MEDICARE SUPPLEMENT POLICY

FORM R194  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	-\$36.12

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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MEDICARE SUPPLEMENT POLICY

FORM R200  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$78.15

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

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MEDICARE SUPPLEMENT POLICY

FORM R201  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2008 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$103.43
	UNDERWRITTEN	\$86.07

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R202  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2008 MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$52.54
	UNDERWRITTEN	\$43.69

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

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FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R203  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	-\$33.71

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P115  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$311.60
	UNDERWRITTEN	\$255.40

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P115-AG-AR-101708



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2600 DODGE STREET  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$311.60

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000 QRTLRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

P192-AG-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P197  
AGENCY SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$293.93
	UNDERWRITTEN	\$240.94

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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2600 DODGE STREET  
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MEDICARE SUPPLEMENT POLICY

FORM R161  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$60.69

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000 QRTLRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

R161-AG-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R162  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$85.18

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
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R162-AG-AR-101708

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OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM R179  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$112.74

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTLRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

R179-AG-AR-101708

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2600 DODGE STREET  
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TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R180  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	-\$39.78

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTLRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

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MEDICARE SUPPLEMENT POLICY

FORM R190  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$57.27
	UNDERWRITTEN	\$47.62

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R190-AG-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R193  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$106.37
	UNDERWRITTEN	\$88.52

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R193-AG-AR-101708



PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R194  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	-\$37.67

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R194-AG-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM R200  
AGENCY SALES  
CONVALESCENT NURSING FACILITY CARE  
ARKANSAS

<u>AGE</u>	2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$85.18

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R200-AG-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R201  
AGENCY SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$112.74
	UNDERWRITTEN	\$93.82

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R201-AG-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R202  
AGENCY SALES  
40% OF PART B BILLED  
ARKANSAS

<u>AGE</u>		2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	NON-UNDERWRITTEN	\$57.27
	UNDERWRITTEN	\$47.62

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QRTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R202-AG-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM R203  
AGENCY SALES  
PART A DEDUCTIBLE REDUCTION  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	-\$35.16

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

R203-AG-AR-101708

# PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

Pre-Standardized Medicare Supplement

Area Rating Factors by ZIP Code

Agent Sold Business

AREA A		AREA F	AREA G	AREA H	AREA I	AREA J
027-029	580-589	010-016	017-019	020-022	100-102	330-333
030-039	590-599	023-028	070-073	103-104	190-191	900-918
050-059	607-629	060	080-081	111-114	334	926-928
061-067	630-659	068-069	106-108	116	482	
090-099	660-679	074-079	110	189	485	
120-124	680-699	082-089	115	192-194	941	
128-149	702	105	117-119	200		
155	705-706	109	150-152	202-205		
157-179	709-715	125-127	186-187	484		
182-183	716-729	153-154	207-214	920-925		
188	730-749	156	222-223	930-931		
195-196	750-799	180-181	320-322	933		
197	800-801	184-185	602-603	940		
199	803-819	198	606	942-946		
201	820-831	206	890			
224-246	832-839	215-219	894-895			
246-268	840-849	220-221	947-951			
270-289	854-869	327-329	894-895			
290-299	870-889	335-339	947-951			
310-319	899	342				
323-326	919	347				
340-341	962-966	480-481				
343-346	967-969	486				
348-349	970-979	600-601				
350-369	980-994	604-605				
370-385		700-701				
386-399		703-704				
425-429		707-708				
430-459		802				
460-479		850-853				
483		891-893				
487-499		896-898				
521-529		929				
530-549		935-939				
550-569		952-961				
570-579		995-999				

AREA A	AREA F	AREA G	AREA H	AREA I	AREA J
1.00	1.15	1.25	1.35	1.50	1.70

PRECORE-STD-070193

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192  
DIRECT RESPONSE SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$284.96

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000 QTRLY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P315  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$302.24

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.



PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R620  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$263.28

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R621  
DIRECT RESPONSE SALES  
20% OF APPROVED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$287.92

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R622  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$476.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R631  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$221.26

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R633  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2008 MONTHLY BASE PREMIUM</u>
00-99	\$302.24

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P192  
DIRECT RESPONSE SALES  
20% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$310.61

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: 1.000 QRTLRY: 2.860 SEMI-ANN: 5.620 ANNUAL: 10.910 .

P192-DR-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P315  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$329.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P315-DR-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R620  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$286.98

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R620-DR-AR-101708



PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P393/R621  
DIRECT RESPONSE SALES  
20% OF APPROVED  
ARKANSAS

<u>AGE</u>	2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$313.83

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R621-DR-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P393/R622  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$519.32

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .930 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P393/R622-DR-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

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MEDICARE SUPPLEMENT POLICY

FORM P397/R631  
DIRECT RESPONSE SALES  
20% OF APPROVED WITH \$200 DEDUCTIBLE  
ARKANSAS

<u>AGE</u>	2009 ISSUE AGE MONTHLY <u>BASE PREMIUM</u>
00-99	\$241.17

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P397/R631-DR-AR-101708

PHYSICIANS MUTUAL INSURANCE COMPANY  
2600 DODGE STREET  
OMAHA, NEBRASKA 68131

TABLE OF RATES

MEDICARE SUPPLEMENT POLICY

FORM P397/R633  
DIRECT RESPONSE SALES  
100% OF PART B BILLED  
ARKANSAS

<u>AGE</u>	<u>2009 ISSUE AGE MONTHLY BASE PREMIUM</u>
00-99	\$329.44

TO OBTAIN MONTHLY AUTOMATIC BANK WITHDRAWAL, QUARTERLY, SEMI-ANNUAL,  
AND ANNUAL:MULTIPLY THE ABOVE QUOTED MONTHLY RATES BY THE FOLLOWING FACTORS  
ABW: .950 QTRLY: 2.900 SEMI-ANN: 5.600 ANNUAL: 11.000 .

IF THE SPOUSE IS COVERED BY THE SAME POLICY, THEN THE RATE  
FOR THE SPOUSE WILL BE 90% OF THE ABOVE QUOTED MONTHLY RATES.

P397/R633-DR-AR-101708